

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Bricklayers & Allied Craftworkers</u> <u>Fringe Benefit Funds</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>66-05 Woodhaven Boulevard</u></p> <p>City <u>Rego Park</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>11374</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing. <u>Sponsored benefit plan providing benefits to covered members of labor union.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>unknown</u></p> <p>12.a. Nature of interest held or income received. <u>I attended a Christmas party held on 12/16/2004. I do not know if the value of what I consumed exceeded \$25.</u></p> <p>12.b. Amount <u>unknown</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
<p>13.a. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment. _____ <u>0</u></p>

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Labor Management Cooperation Committee (LMCC)</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>4 Court Square</u></p> <p>City <u>Long Island City</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>11101</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing. <u>Joint labor management committee created to promote union labor in the industry & various charities.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>unknown</u></p> <p>12.a. Nature of interest held or income received. <u>In June 04, our LMCC sponsored a golf outing at ICC, with proceeds going to Muscular Dystrophy Association. I attended, dined, but did not play golf. The value of meal & beverage is estimated.</u></p> <p>12.b. Amount <u>Approx. \$90</u></p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.a. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment. _____ <u>0</u></p>